



# STEP 7

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## PREPARE SITES FOR IMPLEMENTATION

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scheduled, will understand how it will operate in the school, and should understand their role in the program. Consent forms should have all been collected and charts prepared prior to this time. Training for personnel will have been completed.

### LOGISTICS


Arrive at the school early to allow enough time to set up equipment and prepare to call children for sealant placement. All equipment set-up and breakdown, sterilization, instrument tray preparation, record keeping and paperwork should occur before or after school hours so that the six-hour school day can be used exclusively for patient treatment.

#### **Emergency and Hazard Preparedness**

Staff members should be familiar with both school and portable work-site emergency procedures before beginning work at any site. Accident and injury report forms should be available on site. An appropriate list of emergency telephone numbers should be kept with these forms. The on-site emergency supplies should be kept in a central location known to all staff.

Each portable work site should have access to a fire extinguisher. Check the building and determine the location of the fire extinguisher. These extinguishers must be inspected on a yearly basis. Since you may have several operatories located at one site, the fire extinguisher needs to be located in an area both obvious and accessible to all. Each staff member should be aware of the school site fire escape plan. These exit plans can be found in a prominent place—usually in the hallway.

Portable fire extinguishers should be available in all equipment and personnel transportation vehicles. If a fire extinguisher is not available at the work site, one may be brought in from one of the vehicles.



Hazardous chemicals must be appropriately labeled and stored, according to manufacturer s directions and OSHA/WISHA guidelines. All staff should receive training in the use and storage of hazardous chemicals, along with instruction in emergency procedures in case of injury or inappropriate exposure to these chemicals. Keep an emergency procedure guide on-site, along with the Material Safety Data Sheets (MSDS).

## **Organize Equipment and Supplies**

Pack the equipment and supplies so they can be unpacked and transformed into dental operatories quickly. Label containers with the contents. Create a dental treatment area and a sterilization area. Each assistant can have her own equipment and supplies. Share a common sterilization area. Electrical outlets should be located to determine the best location for equipment. Request a table from school personnel for the sterilization area and supplies.

Reserve an area for extra supplies, a back-up air compressor, and empty equipment bags and containers. Keep these located away from the treatment area but accessible if extra supplies/equipment are needed. Carry a sufficient amount of supplies for one week of operation. Select a team member to be responsible for stocking and maintaining supplies. Pre-loaded trays should contain all the supplies necessary to complete work on a child. This tray can be wrapped in a headrest cover to maintain sterility.


Strategically locate the supplies around the patient chair and unit so everything is within easy reach of the operator and assistant. Storage containers that are used to transport supplies can double as tables. TV trays, extra student desks or student chairs can be set up on either side of the dental unit to hold patient charts and parent notes, and additional disposable supplies and sealant materials. The containers behind the dental assistant hold prepared patient trays, hand wipes, toothbrushes, foil wraps for the dental fights, disposable sunglasses for eye protection, plastic sandwich bags for the toothbrushes and extra supplies that may be needed as the day progresses. A storage container by the operator holds gloves masks and hand wipes. A dishpan is placed under the TV tray so dirty instruments can be deposited as patients are completed.

Keep the sterilization area close to the treatment area. Have disinfectant and containers with rinse water, autoclave bags, towels, and gloves available. Reduce the compressor equipment noise during operation as much as possible. Use the padded carrying case to muffle the noise of the compressor once it is connected electrically or use a long extension cord and move the compressor outside of a door or window.

While the staff is preparing the equipment, see if any additional consent forms were returned to the school. If there are forms, review the health histories and prepare a student record.

## **Screen and Evaluate for Sealants**

Patient evaluations or screenings are completed in a variety of ways. In some programs, the screenings are completed days or weeks in advance of the program so program



administrators know how many children need sealants. Other programs do the evaluations and sealants during one school visit. The second approach offers the most cost efficient way to operate. The following is an example of how one efficiently operated program completes the dental evaluations.

Ten minutes after school starts, the first child is seated in the chair for evaluation. To accomplish this, a program staff or volunteer goes to the first classroom shortly after school begins, explains to the students and teachers how the program will operate. All the children in the class who returned a consent form are called by name. The students, 5 - 7 students at a time, are escorted to the evaluation area where she distributes each child's record to them.


The children line up and the dentist screens the children at the rate of 45 to 50 children per hour. The dentist addresses each child by name to make sure they are recording screening/evaluation results on the correct chart. The hygienist places a headrest cover on the chair (paper towel squares are an excellent, cost effective substitute and they are quicker and easier to change). A child then gets into the chair and receives a dental screen. During the screening, the dentist calls aloud the evaluation results, including which teeth need sealants and which teeth are decayed, missing or filled. Each permanent molar must have a diagnosis. The findings are recorded on the patient's chart. The patient name and all demographic information are pre-recorded on the chart. The information recorded during the screening is as follows:

- 1) diagnosis of whether a sealant is needed on each posterior tooth
- 2) the evaluation date
- 3) Washington State Smile Survey information.

After the screening, the child returns to class or moved to another chair/operatory to have sealants placed.

The dentist/screener deposits soiled instruments into containers on the floor, and throws disposable gloves in a nearby trash receptacle. If two containers are used to deposit the soiled instruments, the explorers (if used) and mirrors can be separated. This saves time in sorting, during the sterilization process, and minimizes the chance of injury from exposure to sharp explorers.

The staff or volunteer who accompanied the children from their classroom gives each one a reward (i.e., sticker) for participating in the program and maintains "crowd control". Meanwhile, if a second dental hygienist/assistant team is available, they begin to apply sealants to those children screened.



As soon as screening/evaluations are completed, the dentist signs each record and the hygienist organizes the records by classroom and sorts out the records of those children who do not need sealants.

## **Scheduling students for sealant placement**

Teamwork is important.

Organization and systematic

patient flow and the teamwork that develops between the dental hygienist and assistant contribute greatly to program efficiency. Maintain patient flow to assure efficient operation. Each team can have one child in the chair and one child waiting.

While waiting, the child is given a toothbrush to brush his/her teeth. This gives the waiting child an opportunity to watch the procedure and minimize any anxiety. Organize the charts so that as soon as the child's sealants are completed he/she can return to the classroom and send another child to the sealant area.

As a child is dismissed from the chair, the instruments are deposited in a dishpan located on the floor and the disposable items are thrown into a trash receptacle. The unit is disinfected, a new instrument tray is prepared and the next child sits down in the chair. Meanwhile, the sealant record and the parent letter/referral are completed. The child is sent back to class with his/her letter and another child is requested to come to the sealant area.

Check students names carefully to assure that the student record matches the child being treated.

## **Refer students for Further Treatment**

**A referral system should be in place** to assist families in obtaining needed dental treatment for their children. Determine the referral sources available in the community. Prepare a list of resources by neighborhood. Community health clinics, pediatric dentistry training programs, hospital dental programs, dental schools, local United Way agencies, and private practitioners are all options for referrals.

**Send a letter home with each child who participates in the program.** The letter informs the parents of how many sealants were placed and if any obvious dental decay was detected. It can be a health promotion tool by explaining the importance of regular dental check-ups and can provide a telephone number to call if the parent has any questions.



**MAIL a letter home to those students who have an immediate treatment need.**

To ensure that follow-up treatment is sought, a telephone call to the parents may be

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## **Several sealant programs report untreated disease rates in the range of 28 to 34 percent**

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useful. Seek the assistance of the school nurse. Several sealant programs report untreated disease rates in the range of 28 to 34 percent. When a child has urgent dental needs (i.e., abscess or swelling) notify school personnel whenever possible and arrange telephone calls to

parents or guardians. The goal is to assist families in finding appropriate dental care for their child.

**Provide the school nurse with a list of children with obvious dental treatment.**

Often, he/she has contact with parents regarding other health concerns and can include the need for dental care in her discussion with them. Be sure the school nurse and school secretary has a list of local referral sources.

**Develop a system to track the success of the referral component.** This may be done when sealant retention checks on third grade children are scheduled as part of the quality assurance program. Children who received sealants and were referred for treatment can be assessed to see if they received the necessary treatment within the year. The impact the program has on accessing children to dental care can be evaluated. The success of various strategies for follow-up can be determined.



## TIPS FOR SUCCESS

The following suggestions can help your program to be more successful.


**Presentations** Formal presentations by a dental hygienist or dental assistant scheduled with the students describing sealants and encouraging participation and giving anticipatory guidance help in the success of sealant programs. Consent forms are distributed during the presentation. These presentations occur well in advance (2 - 4 weeks) of the program implementation to allow adequate time to collect consent forms and prepare patient charts. Educational videos that describe sealants can be used during the presentations. An excellent video to consider for this purpose is entitled "Seal in a Smile" and is available from the Columbus Health Department, Community Dental Programs, 1815 Washington Boulevard, Columbus, Ohio, 43215. Order form **FOLLOWS THIS STEP.**

The presentations can be scheduled during the initial contact with the school. Details such as the location within the school and manner in which the presentation will be done and consent forms distributed, should be documented in school folder. This will assist the program staff person know what has been agreed upon. If no time is scheduled for presentations, have a video available for the classroom teachers to show at their convenience. An incentive to return the consent form can be introduced whether a program staff person or the classroom teacher is providing information to students about the program. Some anticipatory guidance is important to alleviate any anxiety students may have in having sealants applied. For some children, this will be their first dental experience.

If program staff does the presentation, encourage classroom teachers to be present for the session. Teachers who understand dental sealants become supporters of the program. The presentation can be done by grade or by classroom. Smaller groups are more effective than larger groups.

**Information to Parents** Informational brochure or fact sheet attached to the consent form can help in educating parents about sealants. In focus groups, some parents indicated they would like more information about sealants before they made the decision to have their child's teeth sealed. Including the information on the consent form may make it too cumbersome for those parents who do not need additional information or for those who have problems reading lengthy forms. Informational brochures answering commonly asked questions about sealants in conjunction with the consent forms had a modest effect on increasing participation. The cost factor of the brochures must be considered when planning your program.

**Telephoning Parents** To enhance participation of the children who fail to return a consent forms, telephoning parents and mailing a second consent form with a stamped self-addressed envelope works well. Volunteers may be used



to make the calls since they can take a considerable amount of time. They are more successful when done in the evenings. Securing the telephone numbers must be arranged with the schools. Some schools policies will not allow this practice. The cost of this effort must also be considered.

### **Consent Forms in Foreign Languages**

Following this section are samples of forms that are used by some programs. The need for translations will vary depending upon your community. In areas with large numbers of families who speak English as a second language, a consent form in their primary language may enhance participation.

### **Forms on colored paper**

If you use other than white paper, these forms are more identifiable in stacks of classroom papers. Some sealant programs resend consent forms home with each child who has not returned a form when all others are collected. These can be placed in the teacher's mailboxes for redistribution.

### **Review Forms before going to school**

The following tasks should be completed before the program operates in the school:

Review consents for parent signatures. Those without signatures could be sent back home with the students or mailed so signatures can be obtained.

Review all health histories. Follow -up with parents or physicians when indicated. Program planners must make the decision regarding whether or not to use a health history. Some program planners feel a health history is not necessary because of the non-invasive nature of the sealant placement procedure. Others feel that certain medical conditions may indicate the need for special considerations such as prophylactic antibiotics. Still others feel that a history is advisable, for legal reasons. Follow the standards in your professional community.

Prepare a sealant record for each child, attach the consent form. Arrange the charts by room number so the children can be easily located once you are on site.

Please note: This document does not contain any appendices.  
If you would like to obtain these materials please contact Ethel Steinmetz at (360 236-3507 or [Ethel.Steinmetz@doh.wa.gov](mailto:Ethel.Steinmetz@doh.wa.gov))